

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **11992**

FILED MAY 10 1948

Registration District No. **28**

Primary Registration District No. **4165**

Registrar's No. **33**

1. PLACE OF DEATH:

(a) County **Daviess**  
(b) City or town **Gallatin**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
---  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **1**  
In this community **Most of life** (Specify whether years, months or days)

3. (a) PRINT FULL NAME **Peafl Allsup**

3. (b) If veteran, name war **None** 3. (c) Social Security No. **None**

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Single**  
6. (b) Name of husband or wife: **-----** 6. (c) Age of husband or wife if alive: **-----** years  
7. Birth date of deceased **April 6 1871**  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
**76 11 18** hr. min.

9. Birthplace **Decatur** **Illinois**  
(City, town, or county) (State or foreign country)

10. Usual occupation **At Home**

11. Industry or business

12. Name **J. W. Allsup**  
13. Birthplace **Jackson County** **Indiana**  
(City, town, or county) (State or foreign country)  
14. Maiden name **Elizabeth McGaha**  
15. Birthplace **Unknown** **Indiana**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Estes Whitt**  
(b) Address **Gallatin, Missouri**

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **3-26-1948**  
(Month) (Day) (Year)

(c) Place: burial or cremation **Brown Cemetery**

18. (a) Signature of funeral director **Hope Funeral Home**

(b) Address **Gallatin, Missouri**

19. (a) **3 April 1948** (Date received local registrar) (b) **Virginia M. Englehart** (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Daviess** **31**  
(c) City or town **Gallatin**  
(If outside city or town limits, write "RURAL") **0**  
(d) Street No. **---** (If rural, give location)  
(e) Citizen of foreign country? **No** (Yes or No)  
If yes, name country: **0**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **March** day **24**  
year **1948** hour **3** minute **P.** M.

21. I hereby certify that I attended the deceased from **1943** to **Mar. 24**, 19**48**  
that I last saw her alive on **Mar. 24**, 19**48**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Myocardial Regeneration** 1 yr.  
**Essential Hypertension** 5 yrs.  
**Cholesterolosis** 5 yrs.

Due to **Failure**  
Due to **Cholesterolosis**

Other conditions  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)  
(b) Date of occurrence  
(c) Where did injury occur? (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (e) Means of injury **2**

23. Signature **David E. Nelson** (M.D. or other)  
Address **Gallatin, Mo** Date signed **3-25-48**

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

DISTRICT HEALTH OFFICE  
Cameron, Mo.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed

L. O. Richman  
Licensed Embalmer No. 3307

P. O. Address

Gallatin, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.